

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-016540

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3976

STATE FILE NUMBER

FILED APR 25 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN St. Louis

Length of stay in lb

1 1/2 Day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Johns Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY St. Charles admission)

c. CITY

OR  
TOWN Wentzville

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 1432 Old Hi Way 40

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Bernard

B.

Alexander

## 4. DATE OF DEATH

Month

Day

Year

April 11, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/2/1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Hospital

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Levi Alexander

## 13b. MOTHER'S MAIDEN NAME

Mary Lavin

## 14. NAME OF HUSBAND OR WIFE

Laura Richter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

1432 Old Hi Way 40  
Mrs. Laura Alexander-Wentzville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA BILATERAL

## INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

OBSTRUCTION DUE TO EPIDERMAL CA @

## DUE TO (c)

PYRIFORM SINUS

147X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

RHEUMATIC HEART DISEASE A.S.H.D., EMPHYSEMA

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JANUARY 1961 to APRIL 11, 1962 and last saw her alive on APRIL 11, 1962

Death occurred at 3 AM 4-11-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William J. Mallitt MD

## 22b. ADDRESS

307 S. Euclid

## 22c. DATE SIGNED

4.12.62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4/14/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

## 24. FUNERAL DIRECTOR

F.E. Pitman Funeral Home  
909 Pitman Ave. Wentzville, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

APR 16 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

209225

3

4

5

6

7

8

9

10

11

12

74-0

13

74

MAY 17 1962

JUN 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Carlton J. Pitman*

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.